

FORM I: FAMILY PLANNING PROGRAM CLINIC SITES

Legal Business Name: Women's Health Care Center, INC Clinic Site # 1_ of 1_

CLINIC SITE INFORMATION: Complete this form for EACH clinic site that will provide Family Planning Program services funded under this enrollment.

Clinic Name: Women's Health Care Center, INC				
Street Address: 2914 S Buckner				Suite: B
City: Dallas	County: Texas	Zip Code: 75227	HHSR: Dallas	
Clinic APPOINTMENT Phone #: 214-275-5256				
Clinic PRIMARY Phone #: 214-275-5256		Fax: 214-275-5284		
Service Area <i>(counties to be served by this clinic site):</i> Dallas				
Contact Person: Sherry Tenison				
Pharmacy License #:	Class:	Date of Pharmacy License Application Submission: 6-24-16		
TPI#: 156721606		NPI #: 1265462865		
Date of Medicaid Application Submission(if no TPI# or NPI#):				
Subcontractor Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9	1	2	5		
TUESDAY	9	1	2	5		
WEDNESDAY	9	1	2	5		
THURSDAY	9	1	2	5		
FRIDAY	9	1	2	5		
SATURDAY	9	12				
SUNDAY	Closed					